

50 years of Clinical Trials: Past, Present and Future

Thursday 29 - Friday 30 October 1998

Westminster Central Hall, London

CALL FOR PAPERS

This international multidisciplinary conference will examine all aspect of the past, present, and future of clinical trials. The event will consist of plenary sessions, parallel sessions, discussions, and presentations selected from submissions. We are now inviting abstracts for presentations and poster sessions.

Aims of the Conference

- To exchange knowledge and perspectives about the past, present and future of therapeutic evaluation.
- To create a dialogue among statisticians, clinical trialists, clinicians, historians, patients' representatives and social scientists about the means and ends of clinical trials.
- To commemorate the 50th anniversary of the publication of the MRC Streptomycin trial.

Themes

- The historical development of health care evaluation
- International differences in approaches to health care evaluation
- The politics of randomised trials and other forms of evaluation
- Ethical aspects of randomised controlled trials

- Consumer participation in randomised controlled trials
- Industry, government regulation and clinical trials
- The quality of randomised controlled trials
- Statistical aspects of randomised controlled trials
- The everyday business of running randomised controlled trials
- Trials of historical and/or methodological significance
- How trials affect clinical practice
- Trials and health policy: priorities and clinical trials
- The future of health care evaluation

The conference
will be of interest to:

- Clinical Trialists, Historians, Statisticians, Social Scientists, Clinicians, Patients' representatives, Ethicists, and other Health Care Professionals.

For further information about attending the event and the call for papers, please complete this form and return it to: Jane Lewis, BMA/BMJ Conference Unit, British Medical Association, BMA House, Tavistock Square, London, WC1H 9JP, UK
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JOURNAL OF MEDICAL ETHICS

Journal of the Institute of Medical Ethics

VOLUME 24 • 1998

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References and notes

- 1 Seedhouse D. Against medical ethics: a philosopher's view. *Medical Education* 1991; 25: 280-2.
- 2 Seedhouse D. What I actually said about medical ethics: a brief response to Toon. *Journal of Medical Ethics* 1995; 21: 45-6.
- 3 See reference 1: 281.
- 4 Toon P. Medical ethics: a brief response to Seedhouse. *Journal of Medical Ethics*, 1995; 21: 47-8.
- 5 Toon seems to take Seedhouse to be denying that any distinction can be made between "ethics" and facts generally; however, Seedhouse takes care to limit his claim to actions involving others.
- 6 See reference 1: 280.
- 7 See reference 1: 280-1.
- 8 Kant E. *Groundwork of the metaphysics of morals* [Tr Paton HJ]. London: Routledge 1991: 407-26.
- 9 For an example, see Railton P. Moral realism. *Philosophical Review* 1986; XCV: 163-207.
- 10 Davidson D. *Essays on actions and events*. Oxford: Clarendon Press, 1980: 207-225.
- 11 The issue of the possibility of naturalism in moral philosophy is currently much discussed by philosophers. For opposing extreme views on these issues, see Mackie J. *Ethics: inventing right and wrong*. London: Penguin, 1977 and Morris M. *The good and the true*. Oxford: Clarendon Press, 1992.
- 12 See reference 4: 47.
- 13 Haldane JJ. 'Medical ethics' - an alternative approach. *Journal of Medical Ethics* 1986; 12: 145-50.

News and notes

Monothematic issues of the JME - submissions invited

At the proposal of the Editorial Board the journal intends to introduce intermittent monothe-matic issues. The first such theme, provisionally scheduled for late 1998, is to be *HIV/AIDS and ethics*. Submissions are invited, to arrive at the editorial office by 1 April. The two following themes are *Ethical issues in the new genetics* - submissions should arrive at the editorial office by 1 May 1998, and *Marketing, communities and health care rationing*, submissions for which should arrive at the editorial office by 1 June 1998. As usual, papers of up to 3,500 words (including references) are preferred - with an absolute maximum of 5,500 words. Also as usual, papers should be well argued, interesting and intelligible to any interested

and intelligent reader. The editors would particularly like to see papers focusing on contemporary perspectives. If sufficient publishable papers on any of the themes are not received the monothe-matic issue will be delayed, or even aborted - in which case acceptable papers will be incorporated into the journal's usual publishing schedule.

Submissions should be sent to: the Editorial Office, *Journal of Medical Ethics*, Analytic Ethics Unit, Imperial College of Science, Technology and Medicine, Exhibition Road, London SW7 2AZ. The envelope should be clearly marked Submission for 'HIV/AIDS and ethics', 'Ethical issues in the new genetics', or 'Marketing, communities and health care rationing'.

suggestion is unsustainable. In my opinion it is exactly like advising a soccer coach to set up, within a much larger coaching programme, a core course on "the importance of the football".

Good intentions do not guarantee good outcomes and I hope that if a group of medical school representatives is ever given the brief to assess a core curriculum in ethics and law, they will consider my criticisms and will come to understand that setting out on such a programme in the present medical context virtually guarantees the unfortunate outcomes I predict. Much more in hope than expectation I state again that medical ethics cannot have a core subject matter because "there (is) a moral aspect to almost all aspects of medical practice"¹² This is not a quote from my paper (I would say that good medicine is a moral endeavour, full stop) but is very close to my position - certainly near enough to require further thought from those who made it: the very members of the "DeCamp conference" who are proposing the core.

The way forward is not to sanctify another specialist discipline, but to appoint generalist teachers - teachers of general analysis and problem-solving in medicine - and to afford them equal status with clinicians. This is where the ethical glue really is.

David Seedhouse, BA, PhD, is Senior Lecturer in Medical Ethics, University of Auckland, New Zealand, and Editor of Health Care Analysis: Journal of Health Philosophy and Policy.

References

- 1 Cassell J. Against medical ethics: opening the can of worms. *Journal of Medical Ethics* 1997; 24:8-12.
- 2 Seedhouse DF. Against medical ethics: a philosopher's view. *Medical Education* 1991; 25: 280-2.
- 3 Seedhouse DF. *Health: the Foundations for achievement*. Chichester: John Wiley and Sons, 1986.
- 4 Seedhouse DF. *Ethics: the heart of health care*. Chichester: John Wiley and Sons, 1988.
- 5 Seedhouse DF. *Liberating medicine*. Chichester: John Wiley and Sons, 1991.
- 6 Seedhouse DF. *Fortress NHS: a philosophical review of the National Health Service*. Chichester: John Wiley and Sons, 1994.
- 7 Seedhouse DF, ed. *Reforming health care: the philosophy and practice of international health reform*. Chichester: John Wiley and Sons, 1995.
- 8 Seedhouse DF. *Health promotion: philosophy, prejudice and practice*. Chichester: John Wiley and Sons, 1997.
- 9 Seedhouse DF, Lovett L. *Practical medical ethics*. Chichester: John Wiley and Sons, 1992.
- 10 Brannigan M. Designing ethicists. *Health Care Analysis* 1996; 4,3: 206-18.
- 11 Seedhouse DF. *Suggestions and guidance for teachers and lecturers. Health promotion: philosophy, prejudice and practice*. Chichester: John Wiley and Sons, 1997.
- 12 Gillon R. Thinking about a medical school core curriculum for medical ethics and law. *Journal of Medical Ethics* 1996; 22: 323-3.

News and notes

Journal of Medical Ethics - <http://www.jmedethics.com>

Visitors to the world wide web can now access the *Journal of Medical Ethics* either through the BMJ Publishing Group's home page (<http://www.bmjpg.com>) or directly by using its individual URL (<http://www.jmedethics.com>). There they will find the following:

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The web site is at a preliminary stage and there are plans to develop it into a more sophisticated site. Suggestions from visitors about features they would like to see are welcomed. They can be left via the opening page of the BMJ Publishing Group site or, alternatively, via the journal page, through "about this site".

Thank you to the journal's assessors

We wish to thank the assessors, listed below, who have helped on recent editions of the journal. Their advice, guidance and support is greatly appreciated. In future we plan to list, and to thank, assessors annually.

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principles of medical ethics, in particular a Christocentric ethic. This requires that any principle of ethical theory should conform to the spirit of love and justice exemplified by the life and teaching of Jesus Christ. A Christocentric ethic aims to transvalue the highest principles of philosophical ethics, justice and beneficence, into love, which thereby "carries them beyond the highest human aspirations" (page 69).

Noting the increased interest in medical ethics in the last 15 years, the authors are aware of the limited resources which are available. They suggest that ultimately what is at stake is the kind of society we want, or ought, to be (page 72).

The authors are at pains to impress upon the reader the need for a religious dimension to ethical decision-making and reiterate this in a variety of ways throughout the book, for example: "that a secular view might neglect important insights for medical ethics, public policy and the nature of medicine is a basic premise of this book" (page 75). However, although there is a lot of description, there is not much in terms of concrete suggestions about how incorporating a religious dimension into ethical decision-making might be achieved. For instance, they say "the calling to a task to build the earth and to live life in the spirit of altruism and charity does make a difference in the ways in which persons will analyze their own roles in the tasks of medicine. It also leads to a difference in analysis of ethical issues, as subsequent chapters will show" (page 76). The authors seem to be telling the reader what they will be saying, rather than just saying it and although there is nothing one could disagree with, the subsequent chapters seem rather vague and do not seem to come across with the goods in terms of the promised analysis.

It is not until the final two chapters that an attempt is made to "coalesce the ideas presented so far, with special attention to the specific obligations that the Christian health care ministry must adopt if it is to remain true to its calling" (page 126) and the book goes on to concentrate on the principles of love and justice and the challenge of economics and the marketplace to the "altruistic spirit that both faith and reason dictate in the care of the sick" (page 127). The authors try to argue on both philosophical and theological grounds that "the concepts of love and justice are inconsistent with the ethics of the marketplace, that all society is diminished when health care becomes a commodity and altruism is subverted by self-interest", and that "Christian understandings of love and justice go beyond the naturalistic interpretations and provide principles of discernment that shape the responsibilities of health care ministry for individual professionals, the institutional care of the sick, the formulation of health policy and the relationship of the institutional Church and the people of God to health and health care" (page 129). A tall order. Indeed, given the size of the book perhaps a narrower focus might have proven more successful!

It is not until page 136 that we come to a helpful analysis of the root principles of philosophical medical ethics - the beneficence and justice so often mentioned - and some interesting questions are raised on the relationship between health care and social justice. However, the authors again detract from their useful comments in this section and turn instead to the theological perspectives on love and justice which form the final chapter of the book.

This final chapter, which "develops the last steps of our argument about how love and justice would shape our

vision of a just and loving health care ministry" (page 146) is divided into three sections; the Theological Perspective, Christocentric Health Care Ethics and The Call of the Whole Church to the Healing Ministry.

The authors conclude by saying that "the Christian healing ministry rests on the mystery of the patient who was Christ, whose suffering and victory was a redemption for the whole human race" (page 160) and urge the adoption of the vision set out by Pope Paul VI of "a healing ministry which fuses the idea of the profession indissolubly with the idea of vocation" (page 160). They end by once again undermining what they have been attempting to do in this book by saying this is "a vision which committed Christians will grasp without the laborious argumentation we have provided here".

NICHOLAS FENNEMORE

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The *JME* uses a simplified 'Vancouver style' for references. The full text of the 'Vancouver Agreement' was published in the *British Medical Journal* in 1991;302:338-41. As the "Vancouver style" is incompatible with the long established style of references for legal articles, lawyers should use their own standard style, but avoid abbreviations so as to facilitate reference by others. The journal is multidisciplinary and **papers should be in clear jargon-free English, accessible to any intelligent reader.**

Authors are asked to avoid footnotes. The preferred maximum length of papers is 3,500 words — absolute maximum 5,500 (including references). Book reviews should be between 600 and 1,000 words. Abbreviations should be avoided. The names of journals, organisations etc should be given in full in the text.

Two copies of the journal will be sent to authors free of charge after their papers are published. Offprints of individual papers may be bought from The Publisher, Journal of Medical Ethics, BMJ Publishing Dept, BMA House, Tavistock Square, London WC1H 9JR.

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All papers submitted for publication should contain the following:

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2 On page two:

- a) an *interesting abstract or summary* of not more than 150 words. Emphasise important and new aspects of the article to attract the potential reader. Ensure the abstract contains a statement of the aim, key points and conclusion of the paper. Papers reporting the author's empirical research should contain a structured abstract summarising the research under the headings: objectives; design; setting; patients or participants; interventions; main measurements; results; conclusions. Structured abstracts should not be longer than 250 words.

- b) key (indexing) terms — below the abstract. Provide and identify as such, three to six key words or short phrases that will assist indexers in cross-indexing your article and that may be published with the abstract.

Where appropriate, use terms from the Medical Subject Headings List from *INDEX Medicus*.

3 Acknowledgements:

- Acknowledge only persons who have made substantive contributions to the study. Authors are responsible for obtaining written permission from everyone acknowledged by name because readers may infer the latter's endorsement of data and conclusions.

4 References:

- Number these consecutively in the order in which they are first mentioned in the text, tables, and captions, by arabic numerals, in square brackets, for example, according to Jones.[3] The list of references at the end of the paper should be numbered in the order in which each reference appears in the text. Try to avoid using abstracts as references. 'Unpublished observations' and 'personal communications' may not be used as references, although references to written, not verbal, communications may be inserted (in parenthesis) in the text. Manuscripts accepted but not yet published may be used as references — designate the journal followed by 'in press' (in parenthesis). Information from manuscripts submitted but not accepted should be cited in the text as "unpublished observations" (in parenthesis).

Where a further reference is made to a previous reference, but to a different page number or numbers, this should have a new reference number of its own and it should then refer

back to the original reference, thus:

- 1 May T. The nurse under physician authority. *Journal of Medical Ethics* 1993;19:223-7.
- 2 See reference 1:225.

Please note also that the names of journals should be in italics. The volume number should be in bold.

References must be verified by the author(s) against the original documents.

The following scheme, a simplification of the 'Vancouver style' for biomedical journals, should be followed for each reference: in the text number in square brackets, following punctuation; in the list author (list all authors if six or less; if seven or more, list only the first six and add '*et al*'), title, name of publication if different from title — in italic; place of publication and publisher (where appropriate); year of publication; and, where appropriate, volume number in bold and page references of article or chapter referred to. Examples of correct forms of reference are given below:

- a) Standard journal article:
 - 1 Teasdale K, Kent G. The use of deception in nursing. *Journal of Medical Ethics* 1995;21:77-81.
- b) Corporate author:
 - 2 General Medical Council. *Tomorrow's doctors — recommendations on undergraduate medical education*. London: General Medical Council, 1993.
- c) No author given:
 - 3 Anonymous [editorial]. Anonymous HIV testing. *Lancet* 1990;335:575-6.
- d) Personal author(s):
 - 4 Singer P, Kuhse J. *Should the baby live?* Oxford: Oxford University Press, 1985.
- e) Editor, compiler, chairman as author:
 - 5 Phillips CE, Wolfe JN, eds. *Clinical practice and economics*. Tunbridge Wells: Pitman Medical, 1977.
- f) Chapter in book:
 - 6 Hope T. Ethics and psychiatry. In: Rose N, ed. *Essential psychiatry* [2nd ed]. Oxford: Basil Blackwell Scientific Publications, 1994:45-51.
- g) Agency publication:
 - 7 The Linacre Centre for the Study of Ethics and Health Care. Paper 1: The principle of respect for human life. In: *Prolongation of life*. London: The Linacre Centre for the Study of Ethics and Health Care, 1978.
- h) Newspaper article:
 - 8 Dinwoodie R. Volunteers die as heart drug results baffle doctors. *The Scotsman* 1980 Sept 5: 11 (cols 1-6).

The Institute of Medical Ethics: research and medical groups

Research

Since 1975, the institute has conducted research in many areas of health care ethics and education, including issues related to resource allocation in health care, death and dying, abortion and the treatment of infertility, research with human subjects, and medical involvement in torture. Recent studies have been concerned with the use of

animals in biomedical research, ethical aspects of HIV infection and AIDS, and medical and nursing education. The institute's current research programme includes studies of decision-making in neonatal care and in the care of the elderly. Its research unit, based in Edinburgh, works in collaboration with multidisciplinary working par-

ties whose membership is drawn from all parts of the United Kingdom. The research unit provides information and advice on current issues in medical ethics to a variety of academic and health care bodies. Reports on the institute's research are regularly published in medical and nursing journals and by the institute.

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